

**Center for Educational Performance and Information  
MEIS Security Agreement to Access the  
Graduation/Dropout Review and Comment Application**

**Step 1.** Please check **only one of the two boxes** below for the permissions being requested:

☐

**District User – LEA and PSA**  
View, modify, comment, print, and  
submit data

**OR**

☐

**ISD User – VIEW ONLY**  
View only access to data

\_\_\_\_\_  
District Code

\_\_\_\_\_  
ISD Code

\_\_\_\_\_  
District Name

\_\_\_\_\_  
ISD Code

\_\_\_\_\_  
ISD Name

**Step 2.** Enter the name of the designated individual whom the superintendent authorizes to access the Graduation/Dropout Review and Comment Application.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

For the authorized individual: If you already have an MEIS account, go to Step 3. If you do not already have an MEIS account number, use Internet Explorer to access the Internet and go to the following URL: [www.michigan.gov/meis](http://www.michigan.gov/meis). Click on the MEIS logo. On the next screen click on "**Create an MEIS Account.**" Follow the instructions in order to obtain an MEIS account number.

**Step 3.** Once an MEIS account number is obtained, please enter the following information:

Authorized MEIS Account Number (e.g., A1234567): \_\_\_\_\_

Authorized MEIS Account Login Name (e.g., smithjan): \_\_\_\_\_

**NOTE:** If you are replacing a formerly authorized individual, please download and complete an MEIS Authorized User Removal Request Form. This document can be downloaded from the Administrator Data Review (ADR) Web page located under the MEIS Data Services section of the CEPI Web site.

**Step 4.** For the individual to be authorized: *Please sign below.*

CEPI requires that you agree to abide by the regulations that govern the use of student data within the Family Educational Rights and Privacy Act (FERPA - 34 CFR Part 99), as well as the Privacy Act of 1974 governing records maintained on individuals. You may access a copy of FERPA from [http://www.michigan.gov/documents/FERPA\\_34CFR99\\_119434\\_7.pdf](http://www.michigan.gov/documents/FERPA_34CFR99_119434_7.pdf) and the Privacy Act from <http://www.usdoj.gov/foia/privstat.htm>.

By signing this agreement, I agree to comply with the requirements of FERPA and the Privacy Act of 1974.

\_\_\_\_\_  
**Signature of Individual to be Authorized**

\_\_\_\_\_  
Date

**Step 5.** For the superintendent: *Please sign below.*

I attest that the above-named individual is authorized by me to perform the function(s) identified in the box checked above for the Graduation/Dropout Review and Comment Application.

\_\_\_\_\_  
Name of District/Agency

\_\_\_\_\_  
**Signature of Superintendent**

\_\_\_\_\_  
Date

**Step 6. Mail or fax this form to:** **DIT Client Service Center  
235 S. Grand, Suite 304  
Lansing, Michigan 48913**

**Fax #: (517) 241-8439  
E-mail: [Help-Desk@michigan.gov](mailto:Help-Desk@michigan.gov)**